

1. GASOLINE STATION COMPLAINT

Dispenser No. _____

Type of Fuel: ☐ Premium ☐ Regular ☐ Unleaded ☐ Diesel ☐ Other

In the square provided draw pump layout and circle suspected pump (complete only if dispenser number is unknown).

| EXAMPLE | DRAW PUMP LAYOUT |
|---|------------------|
| <div><div>Main St. N Elm St. </div><div><div>X = Pump Layout ⊗ = Suspected Pump</div><div><div>X X X</div><div><div>X X X X X ⊗ X X X</div><div>OFFICE</div></div></div></div></div> | |

2. ☐ ELECTRIC METER, ☐ NATURAL GAS METER OR ☐ WATER METER COMPLAINT (check one)

Space No. _____ Make and Model of Meter _____

Attach copies of bills for this meter for past 3 months and, if available, for same period last year to permit proper evaluation of complaint.

3. PACKAGE OR CONTAINER COMPLAINT

Nature of Complaint _____

Commodity _____

Brand _____

Quantity Statement _____

Container Description _____

Name of Packer/Distributor _____

— PLEASE SIGN AND DATE BELOW —

Date

Signature